

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90047 006 \*\*\*\*50.00

**DOCUMENT # L01000004167**

1. Entity Name

**VICTORIA HILLS, LC**



Principal Place of Business

**1399 WEST STATE ROAD 434  
LONGWOOD FL 32750**

Mailing Address

**1399 WEST STATE ROAD 434  
LONGWOOD FL 32750**

2. Principal Place of Business

**115 N MAITLAND AV.**

3. Mailing Address

**115 N MAITLAND AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ALTAMONTE SPRINGS FL**

City & State

**ALTAMONTE SPRINGS FL**

Zip

**32701**

Country

**USA**

Zip

**32701**

Country

**USA**

4. FEI Number

**59-3704821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, BERRY J JR.  
235 MAITLAND AVENUE SOUTH, SUITE 216  
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
MURRAY, MICHAEL E  
1399 WEST STATE ROAD 434  
LONGWOOD FL 32750**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/18/2003**

Date

Daytime Phone #